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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence and correspondence address, and citizenship, are as stated below next to my name and signature.

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I believe I am the original, first, and sole inventor (if only one name is shown below) or an original, first, and joint inventor (if more than one name is shown below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Fuel Additive Containing Lithium Alkylaromatic sulfonate and Peroxides**, the specification of which is filed herewith

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

**Priority Claim:** I hereby claim priority under 35 U.S.C. § 119, § 120, § 121, and/or § 365 as applicable to the following application(s): 60/267,646, filed 9 Feb. 2001.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor or first joint inventor: Frank L. Norman

Inventor's Signature: Frank L. Norman  
Residence: Lewiston, Maine  
Postal Addr: 16 Pagoma Lane, Lewiston, ME 04240  
Citizenship: US

Date: 1/3/2002

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